

# **CAIRS**

## **Direct Data Entry**



**Reference Manual – V3.0**

March 2007

## Table of Contents

Introduction.....	1
Purpose of this Document.....	1
Objectives .....	1
What is CAIRS?.....	2
Purpose of CAIRS.....	2
DOE Order 231.1 .....	2
What is Included in the CAIRS Database.....	2
Registration and Security .....	4
Registration.....	4
Organizational Jurisdictions.....	4
Privacy Information .....	4
System Features and Requirements .....	5
System Requirements.....	5
Business Rules for CAIRS Direct Data Entry .....	6
CAIRS Case Input: Workspace vs. Production Space.....	6
General Access to CAIRS Direct Data Entry Functions .....	8
Data Entry–Accident Cases .....	8
Direct Data Entry for Partial Accident Reports – Select Data Fields Coded by CDC .....	8
Direct Data Entry for Complete Accident Reports.....	9
Direct Data Entry–Quarterly Workhours.....	9
Accessing CAIRS Direct Data Entry .....	10
Connecting to CAIRS over the Internet.....	10
Entering a New Case in CAIRS.....	13
Entering an Injury Case .....	17
Entering an Illness Case.....	19
Command Button Descriptions.....	21
Entering Data in Specific CAIRS Fields .....	23
General Information Data Fields .....	23
Employee Information Data Fields.....	28
Injury/Illness (Osha Information) Data Fields.....	31
Object or Substance Data Fields.....	35
Narrative Guide Data Fields .....	37
Updating/Revising Case Information .....	43
Revising a Case in the Workspace.....	43
Revising a Case in Production .....	43
Entering/Updating Workhours.....	46

Entering Workhours Data .....	47
Updating Organization Information.....	49
Appendix A: Occupation Codes .....	A-1
Appendix B: Body Part Codes.....	A-4
Appendix C: Nature of Injury/Illness Codes .....	A-16
Appendix D: Source, Target, and Other Equipment Codes.....	A-38
Appendix E: CAIRS Personal Protective Equipment Codes.....	A-110
Appendix F: Activity Codes .....	A-113
Appendix G: Loss Producing Event Codes .....	A-116
Appendix H: Access to CAIRS Privacy Information .....	A-141

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# Introduction

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## Purpose of this Document

The materials presented in this document are intended to provide users with an introduction to Computerized Accident/Incident Reporting System (CAIRS) Direct Data Entry features. In this document, you will learn how to enter accident data into CAIRS. You will also receive an overview of CAIRS and a brief history of its development. Registration and security issues will be discussed, and you will receive information on Department of Energy (DOE) Order 231.1, *Environment, Safety and Health Reporting*, and how it relates to the CAIRS centralized database.

## Objectives

This document is designed to assist you in performing the following activities:

- Connecting to CAIRS via the Internet, and logon to CAIRS using your user-id and password
- Entering data into the CAIRS database
- Editing your CAIRS database entries

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# What is CAIRS?

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## Purpose of CAIRS

CAIRS is a database used to collect and analyze DOE and DOE contractor reports of accidents that occur during DOE operations in accordance with DOE Order 231.1. CAIRS reporting is managed by the HSS Office of Corporate Safety Assurance, with hardware and software support from the Office of Information Management. The information contained in CAIRS provides a centralized collection of DOE accident data for data users to perform various analyses, including developing trends and identifying potential hazards to help reduce accidents.

CAIRS was placed into production in 1983. At that time, CAIRS was one of the modules of a computerized safety information system, the Safety Performance Measurement System (SPMS). In 1991, as a result of the findings of an independent evaluation, it was determined that radical changes were needed to convert CAIRS and some of the other modules of the SPMS from a mainframe computer environment to a more modern, user friendly system. The first phase of the redesign of CAIRS included moving CAIRS to a simpler, easier to use, graphical interface. Since the release of the first phase, other enhancements have been incrementally released. The release of CAIRS Direct Data Entry will allow user the capability to use the software to collect information on each accident case and when the report is complete submit the completed report directly to the CAIRS production database.

## DOE Order 231.1

DOE Order 231.1 establishes DOE requirements for collection and reporting of information on environment, safety, and health. This information, which is required to meet several regulatory requirements, is essential for evaluating Department of Energy operations and identifying opportunities to help prevent accidents. DOE Order 231.1 requires the use of DOE Manual 231.1-1; this document provides detailed information regarding the reporting of HSS information. This manual specifies in detail the reports that must be filed, the persons or organizations responsible for filing the reports, the recipients of the reports, the format in which the reports shall be prepared, and the time schedules on which the reports shall be filed.

## What is Included in the CAIRS Database

The CAIRS database contains individual accident reports from 1983 to the present for injury and illness cases. It also contains historic vehicle and property damage cases from 1975 through 2004.

**NOTE: Effective March 19, 2004, DOE HSS reporting policy does not include the requirement to report property and vehicle damage cases to CAIRS.**

**This document includes instructions for using CDDE to report occupational injuries, illnesses, and hours worked only.**

Statistical data are generated from summary records and are available from 1975 through the present. The CAIRS database also contains exposure data for DOE and DOE contractor organizations, including work hours.

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## Registration and Security

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### Registration

Individuals interested in registering to become CAIRS users can obtain a copy of the registration form from the HSS Helpline at (800) 473-4375.

CAIRS is a Government computer system and, as such, has security requirements that must be followed. These security requirements are mandated by DOE Order 1360.2B, "Unclassified Computer Security Program." Some of the information contained in CAIRS is restricted and is to be accessed by authorized users for official Government business only.

Registered users of CAIRS agree to adhere to the security requirements specified on the registration form. One of these requirements is the responsibility to protect your assigned password from possible use by other individuals to gain access to the system.

### Organizational Jurisdictions

Users are granted access to CAIRS with an assigned organizational jurisdiction. This jurisdiction may be for a DOE office, a contractor and affiliated subcontractors, or for combinations of such organizations. This jurisdiction assignment will determine the organizations for which the user can enter and change data.

### Privacy Information

Individuals who will be entering data into CAIRS obviously have been given local authority for access to the privacy information for their organizations, such as names, social security numbers, and information regarding personal injury or illness. However, as part of the registration process for data entry, each person that will be accessing fields in the database that contain privacy information will be requested to complete the "Access to CAIRS Privacy Information" document. See Appendix H for a copy of this one-page document. Additional copies can be obtained from the HSS Helpline at (800) 473-4375. The document identifies the name, user-id, and organizations that the individual will be allowed access. This document requires the signature of the user and the cognizant DOE representative.

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## System Features and Requirements

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The CAIRS Direct Data Entry system was developed to meet the needs of users who, in the past, have completed CAIRS reports by either typing or handwriting the information onto a form or by completing a word-processing version of the form. CAIRS Direct Data Entry is an Internet-based application that takes advantage of modern browser technology. Its development makes entering, finding, and retrieving relevant data more consistent with the current Windows environments found on most of today's personal computers.

The CAIRS interface is easy to learn and use because of the following features:

- The interface is user friendly. If you are familiar with the Microsoft Windows or Macintosh interface, you will find the interface to be both familiar and friendly.
- The interface is platform independent. Any platform that supports browser technology (e.g., PC, Mac, and UNIX) can be used to access the interface.
- The interface does not require proprietary client software. Any browser that supports features found in Netscape 4.0x or above or in IE 4.0.x and above, such as tables, Secure Socket Layer (SSL-2) protocol, and Active Server Pages (ASP) can be used to access CAIRS.
- The interface offers extensive context sensitive on-line help that is easily accessible.

### System Requirements

The following are the system requirements for using CAIRS:

- You must have an Internet connection, either through an Internet Service Provider (ISP), or using DOE's Business Network
- You must have a Pentium computer with sufficient memory to support a Web browser such as Netscape or Internet Explorer. (As with all Windows applications, a faster PC and/or additional memory will greatly enhance system performance. A Pentium or faster computer is recommended.)
- You must have Netscape 4.0 or higher or Internet Explorer 4.0 or higher in order to support features such as tables, Secure Socket Layer (SSL-2) protocol, and Active Server Pages (ASP). Netscape and IE 6 or better are recommended
- CAIRS will work with Windows 2000 or better. Windows 2003 is recommended. For security reasons, Windows 95 and Windows 98 are no longer supported by the DOE Common Operating Environment.

If you are unfamiliar with how your computer is configured, you should share the above information with your local computer support personnel.



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## Business Rules for CAIRS Direct Data Entry

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### CAIRS Case Input: Workspace vs. Production Space

The CAIRS Direct Data Entry feature is divided into two major components: the Workspace and the Production Space. The Workspace is used to store partially completed recordable cases and nonrecordable cases. When data is submitted to the Workspace, the system will perform several checks to verify information in select data fields and to confirm that all required data fields are complete. If all of the data fields pass this screening, the record is then ready to be submitted to the Production Space, if it is a recordable case, or saved in the Workspace, if it is a nonrecordable case.

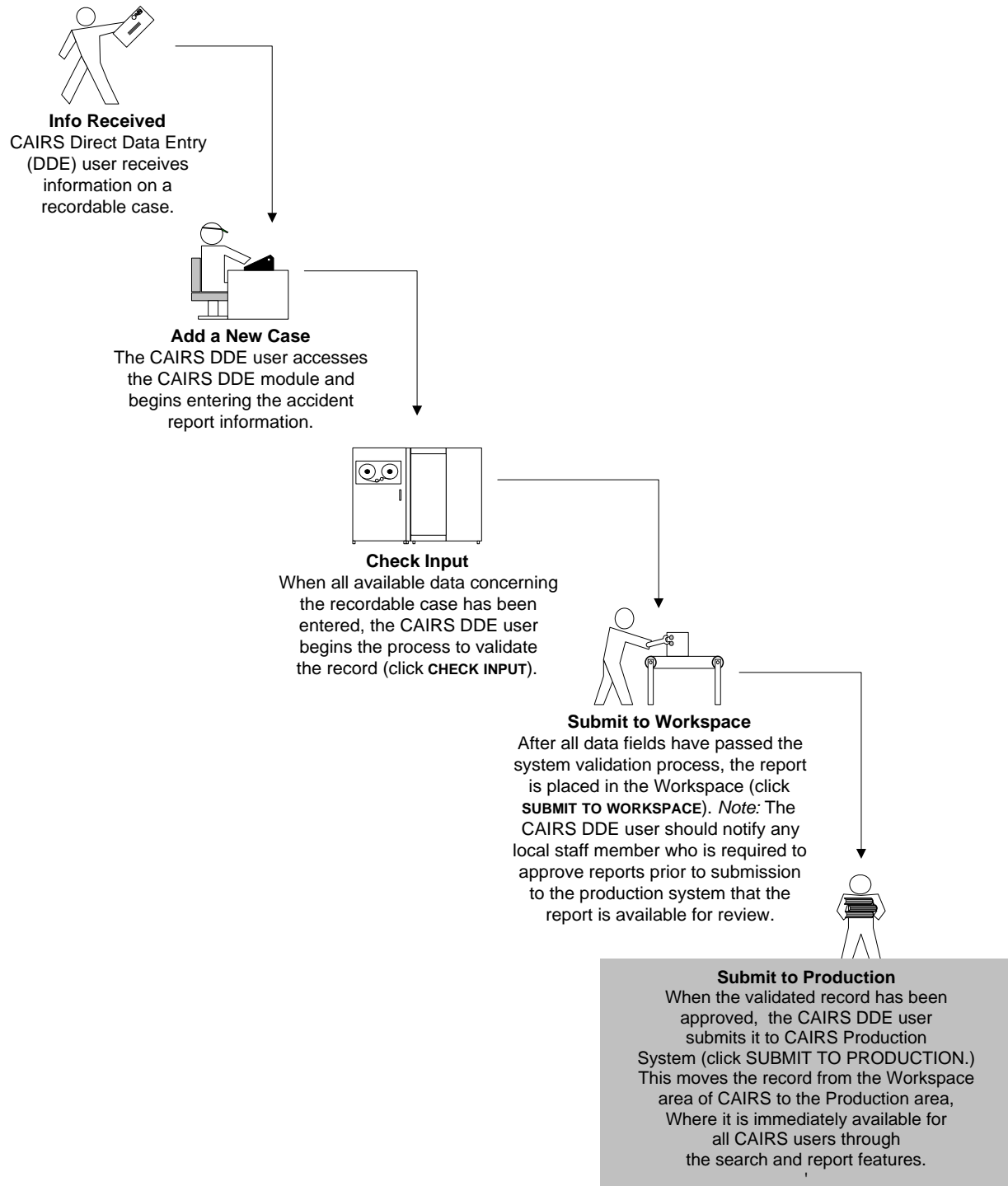
The Production Space is used to store all recordable accident reports and exposure data for DOE organizations. For recordable cases, once the record passes the screening checks, the Submit to Production button will be activated and the user will be allowed to submit the completed case into the Production Space. The information submitted to the Production Space is made immediately available to all CAIRS users through queries, searches and report generation features in CAIRS. If new or revised information becomes available concerning a case that has been submitted to the Production Space, the case can be edited.

**Table 1: Purpose of CAIRS Workspace vs. Production Space**

Area	Function
<b>Workspace</b>	<ul style="list-style-type: none"><li>• Holding area for recordable accident cases that are pending local approval</li><li>• Holding area for partially completed reports</li><li>• Permanent storage area for all nonrecordable reports (injury/illness, property and vehicle)</li></ul>
<b>Production Space</b>	<ul style="list-style-type: none"><li>• Permanent storage area for all recordable accident cases (injury/illness, vehicle, and property)</li><li>• Permanent storage area for work hours</li><li>• Permanent storage area for vehicle usage</li><li>• Permanent storage area for property valuation</li></ul>

The process of compiling and submitting a recordable accident report using CAIRS Direct Data Entry is illustrated in Figure 1 on the next page.

## Five Steps to Compiling and Submitting a Recordable Accident Report Using CAIRS Direct Data Entry



**Figure 1. CAIRS Process Diagram**

## **General Access to CAIRS Direct Data Entry Functions**

The following steps are required to allow access to CAIRS Direct Data Entry functions for field personnel:

1. The individual requiring access to CAIRS Direct Data Entry should complete and forward a copy of the “Access to CAIRS Privacy Information” document according to the instructions on the document.
2. Typically, within 3 business days, the new user will be provided with information to access the training application for CAIRS Direct Data Entry. All new users of CAIRS Direct Data Entry are required to complete a short on-line training session prior to accessing the production system. The training session provides the user with information on several test cases. The new user is required to simulate the data entry process by using the data from the test cases to enter information into the training database.
3. Upon completion of the training exercise, the new user should contact the CAIRS Program Manager by e-mailing DL-CAIRS\_Support@hq.doe.gov.
4. Typically, within 2 days of notification of completion of the training exercise, the new user should receive notification of approval to access CAIRS Direct Data Entry.

## **Data Entry–Accident Cases**

The initial release of CAIRS Direct Data Entry allows the reporting organization two new options for submitting accident reports. In the past, a reporting organization would submit a hard copy of accident reports to the CAIRS Data Coordinator (CDC) for entry into the system. Although still available, this option eventually will be phased out. Using the Direct Data Entry features, each organization may enter the entire accident report into the system, or, for a limited time, they may opt to enter a partial report. A partial report would include completion of all data fields in the 5484.3 form except for the seven data fields that include supplemental detail coding. In the past, the information contained in these data fields has been coded by the CDC. During the transition period, users will be encouraged to complete the entire form but will be allowed to leave the seven supplemental data fields for the CDC to complete until they become familiar with the codes.

### **Direct Data Entry for Partial Accident Reports – Select Data Fields Coded by CDC**

A partial report is an accident report that has all required data fields complete except for any of the following: (1) Target of damage (property cases only), (2) Loss event code, (3) Body Part Injured (injury/illness cases only), (4) Nature of Injury (injury/illness cases only), (5) Source, (6) Other materials, substances or equipment, and (7) Occupation. Organizations that choose to submit partial reports agree to have the CAIRS Data Coordinator complete any or all of these data fields.

The following steps will be followed for organizations that perform electronic entry of partial reports:

1. Authorized CAIRS Direct Data Entry personnel for the reporting organization(s) will enter the required report information (DOE Form 5484.3 data) using the CAIRS Case Input page. The last question on the input page, “Have Data Specialist Finish Coding?” should be checked “yes.”
2. If needed, the CDC will contact CAIRS Direct Data Entry personnel for the reporting organization by E-mail or telephone to obtain additional information to complete the coding.

### **Direct Data Entry for Complete Accident Reports**

The following steps include the procedures for organizations using CAIRS Direct Data Entry to provide the information for all data fields in the report

1. Authorized CAIRS Direct Data Entry personnel for the reporting organizations will enter the data needed to complete an accident report, including all coded fields, using the CAIRS Case Input page.
2. The CAIRS Direct Data Entry personnel will submit the complete report to the production space. (NOTE: Prior to submission to the production space, the report MUST pass electronic validation.)

### **Direct Data Entry–Quarterly Workhours**

The following steps include the procedures needed to use CAIRS Direct Data Entry to electronically submit workhours.

1. Authorized CAIRS Direct Data Entry personnel for the reporting organizations will enter workhours directly into the workspace using the Administer Workhours Data Input page.
2. When all new and revised cases have been entered and the user is ready to submit workhours, click “Yes” in response to “Quarterly Report Complete?”. Click “Yes” to submit the case to the production system.

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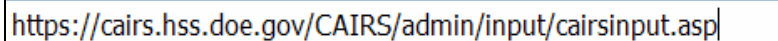
## Accessing CAIRS Direct Data Entry

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You can connect to CAIRS through an Internet connection via an Internet Service Provider using a standard browser.

### Connecting to CAIRS over the Internet

1. Open your Internet browser and enter the following URL (Internet address): <https://cairs.hss.doe.gov/cairs/cairs.asp>. If this is the first time you are logging into CAIRS, type the Internet address into the **ADDRESS** field. If you have previously bookmarked the location, you can access CAIRS from your Bookmark or Favorites menu.



`https://cairs.hss.doe.gov/CAIRS/admin/input/cairsinput.asp`

**Figure 2. LOCATION Field Input**

2. In the **CONNECT TO CAIRS** dialog box (Figure 3), enter your assigned CAIRS user ID in the User Name field. In the Password field, enter your CAIRS password. Then click the **OK** button. (If you are using a browser other than Internet Explorer, your dialog box will be slightly different.)



**Figure 3. CONNECT TO CAIRS Dialog Box**



To obtain your CAIRS user-id and password, you can either send an e-mail to [DL-CAIRS\\_Support@hq.doe.gov](mailto:DL-CAIRS_Support@hq.doe.gov) or, if you are unable to e-mail, call the HSS Helpline at (800) 473-4375. You will be sent registration forms to complete, including the form to access privacy information.



Because CAIRS contains sensitive information, the database is maintained on a secure server, and all data transmittals to and from the server are encrypted to ensure privacy. Both Netscape and Internet Explorer display special icons to signify secure site access.



The standard browser icon is a padlock displayed at the bottom of the window. The padlock is open for a non-secure site. Internet Explorer displays the padlock on the right, and Netscape on the left side of the page.

Once you have logged on, the Input Center page opens as shown in Figure 4. The rectangular buttons correspond to different pages for data input or access.

Input Center	
Revise Workspace	Enter/Update Workhours
Add New Case	Update Organization Information
Revise Production Record	Documentation
Data Screening	Training Package
Revise Nonrecordable	
Input Status Report	

**Figure 4. Input Center Page**

The Input Center page offers the following choices for your next action. You can click any of the buttons shown in Table 2, below.

**Table 2: Input Center Options**

Button	Function
<b>Revise Workspace</b>	<p>Displays CAIRS cases:</p> <ul style="list-style-type: none"> <li>entered into the workspace but not moved to production, and</li> <li>all nonrecordable cases.</li> </ul> <p>Allows you to see at a glance what cases have been entered, related dates, who performed the data entry, and other pertinent information.</p>
<b>Add New Case</b>	<p>Displays the CAIRS Case Input page from which you can make the appropriate selections to begin data entry.</p>

<b>Button</b>	<b>Function</b>
<b>Revise Production Record</b>	Use this page to search for recordable cases once they have been moved to the production environment. This allows you to access cases in production for update or revision.
<b>Data Screening</b>	Use to search for accident cases that meet specific criteria, in production, workspace, or both. The primary search fields available are accident year and/or month, accident time, organization, accident type, employee, add date, modification date, or CASE ID.
<b>Revise Non-recordable</b>	Displays Non-Recordable cases, which are being saved in a workspace area of CAIRS. The cases are being saved in the Non-Recordable area of CAIRS for one of the following reasons: 1) additional information is pending that may make the case recordable, 2) additional information was received that changed the case from recordable to non-recordable, or 3) the reporting organization chose to utilize this feature of CAIRS to track of first aid cases. Use this option to access non-recordable cases entered requiring updates and to obtain information related to the case, i.e., when the case was entered and who entered the case.
<b>Input Status Report</b>	Use to generate the Input Status Report, which contains the user name and date for all data input into CAIRS during a user-specified date range.
<b>Enter/Update Work Hours</b>	Enter and edit workhours information for your organization.
<b>Update Organization Information</b>	Use to verify or update the mailing address and telephone number for the specific organization.
<b>Documentation</b>	Download the CAIRS Direct Data Entry user manual and other CAIRS documentation.
<b>Training Package</b>	Download the CAIRS Direct Data Entry Training Package.

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## Entering a New Case in CAIRS

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There are two types of accident cases that require entry into CAIRS, recordable injury and recordable. Users can also use CAIRS to track locally non-recordable injury, non-recordable illness, property damage and vehicle damage cases. Entering a new case of any type begins on the **CAIRS CASE INPUT** page, as shown in Figure 5, below. The four data fields on this page must be completed. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame on the right side of the page.

Description of the five fields shown and instructions for their entry are shown in Table 3 on the following page.

**CAIRS**  
Health, Safety and Security

### CAIRS Case Input

Organization: 1504001-00000000 - DOE Headquarters Case Number:

Accident Type: Injury Multi-Org case? No

Next Page

[Security Notice](#) [Input Center](#) [Add New Case](#) [Revise Production Space](#) [Data Screening](#) [Revise Workspace](#) [Bulk Upload](#) [CAIRS Home Page](#)

**Case Input Screen**

Complete all fields in the form on the left. If a field name is underlined, you may click it to display Help.

All records must be saved to the Workspace before submitting to the Production Space. To save a record to the Workspace, click on the Submit to Workspace button at the bottom of the form. If you are missing information, complete as much as possible and then save to the Workspace. To verify that all required

**Figure 5. CAIRS CASE INPUT Page**



**Table 3: Description of Fields in the CAIRS CASE INPUT Page**

Field Name	Description	Instructions	Comments
<b>ORGANIZATION</b>	<p>Organization is a seven-character code that identifies the reporting organization. The first two characters represent the field office. The third character specifies an area office, if there are any under the field office. The fourth through sixth characters specify the DOE or DOE contractor organization. The seventh character represents an operation type such as production, research, government, etc.</p>	<p>Select the reporting organization from the <b>ORGANIZATION</b> selection box. If you are only authorized to enter for one organization, it will already be selected for you.</p> <p>The default for this field is your jurisdiction organization.</p> <p><b>Note:</b> You will only be shown organization(s) for which you are authorized to perform data entry.</p> <p>This field <b>is required</b> for all reports.</p>	
<b>CASE NUMBER</b>	<p>All cases, recordable and nonrecordable, must be given a unique 7-digit <b>CASE NUMBER</b>.</p>	<p>Enter the next unused case number for the year of the accident/incident.</p> <p><b>Note:</b> The system will return an error message if you enter a case number that is already in use for a case that has been submitted to production.</p>	<p>Numbers may be skipped if you have nonrecordable cases that already have been assigned numbers.</p>

Field Name	Description	Instructions	Comments
<b>ACCIDENT TYPE</b>	Accident type is a coded field and identifies the type of accident that occurred. The selection box includes both recordable and nonrecordable injuries, illnesses, property damage, and vehicle damage cases.	Select the code from the <b>ACCIDENT TYPE</b> selection box. The default for this field is <b>Injury</b> . This field <b>is required</b> for all reports.	The nonrecordable choices are selected when the case is no longer recordable. It can also be used to track nonrecordable cases for your site.
<b>MULTI-ORG CASE?</b>	This field is used to identify whether an accident is associated with one or more different reporting organizations.	If the accident is associated with one or more cases in <u>different reporting organizations</u> , select <b>Yes</b> . The default for this field is <b>No</b> . This field <b>is required</b> .	If the answer is <b>Yes</b> , contact the CAIRS data administrator at the Helpline, (800) 473-4375. You will be given a multiple case code to enter on the next screen with the case information.

After you have input values for these fields, click the **NEXT PAGE** button to open the data entry page for the new case.

To enter an injury case, follow the instructions that start on page 17.

To enter an illness case, follow the instructions that start on page 19.

To enter a property damage case, follow the instructions that start on page 21.

To enter a vehicle case, follow the instructions that start on page 21.


## Entering an Injury Case

You will begin entering data for a new injury case in the **NEW INJURY CASE** page shown in Figure 6.

New Injury Case		
General Information		
Organization: 1504001	Case Number: 2000154	Program Office: <input type="text"/>
<a href="#">Multi-Case Number:</a> <input type="checkbox"/>	Accident Type: <a href="#">Injury</a>	
Investigation Type: C	Department, Division, or ID Code: <input type="text"/>	
Occurrence Date (YYYYMMDD): 20001005		
Accident Time: 17 (nearest hour Military Time)	Time Employee began work: <input type="text"/> (nearest hour Military Time)	
Accident Occurred: Outdoors	On Employer's Premises: Yes	
Specific Location: <input type="text"/>		

**Figure 6. NEW INJURY CASE Page: General Information Section**

Like the **CAIRS CASE INPUT** page, this page is divided into two frames: data entry on the left and help on the right. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame.

**NOTE**  The help may consist of either instructions on which data should be added to this field or a list of coded categories. You will enter the injury case fields in the data entry frame.

The **ORGANIZATION**, **CASE NUMBER**, and **ACCIDENT TYPE** fields display the case identification values you specified on the **CAIRS CASE INPUT** page.

The injury case information is divided into five sections: General Information (see page 23), Employee Information (see page 28), Injury/Illness (OSHA) Information (see page 31 and Figure 7, below), Equipment/Hardware/Vehicle Involved (see page 35), and Narrative Guide (see page 37).

Injury/Illness (OSHA Information)			
OSHA Classification Code: Injury			
Workdays Lost: <input type="text" value="0"/>	Workdays Restricted: <input type="text" value="0"/>	Death? <input type="text" value="No"/>	Date of Death (YYYYMMDD): <input type="text"/>
Transferred? <input type="text" value="No"/>		Terminated? <input type="text" value="No"/>	
Employee back to work with no further anticipated workdays lost or restricted? <input type="text"/>			
Body part injured: <input type="text"/>		Nature of injury: <input type="text"/>	
Name and address of health care provider: <input type="text"/>			
If hospitalized, name and address of hospital: <input type="text"/>			
Hospitalized overnight? <input type="text" value="No"/>			

**Figure 7. NEW INJURY CASE Page: Injury/Illness (OSHA Information) Section**

After you enter the complete case, you will process the record by clicking one of the buttons located at the bottom of the data entry frame. These buttons are explained on page 21.


## Entering an Illness Case

You will enter the data for a new illness case in the **NEW ILLNESS CASE** page shown in Figure 8, below.

New Illness Case		
General Information		
Organization: 1504001	Case Number: 2000154	Program Office: <input type="text"/>
<a href="#">Multi-Case Number:</a> <input type="checkbox"/>	Accident Type: <a href="#">Illness</a>	
Investigation Type: <input type="text" value="C"/>	Department, Division, or ID Code: <input type="text"/>	
Occurrence Date (YYYYMMDD): 20001005		
Accident Time: <input type="text" value="18"/> (nearest hour Military Time)	Time Employee began work: <input type="text"/> (nearest hour Military Time)	
Accident Occurred: <input type="text" value="Outdoors"/>	On Employer's Premises: <input type="text" value="Yes"/>	
Specific Location: <input type="text"/>		

**Figure 8. NEW ILLNESS CASE Page: General Information**

This page is almost identical to the **NEW INJURY CASE** page. It is divided into two frames: data entry on the left and help on the right. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame.

**NOTE**  The help may consist of either instructions on which data should be added to this field or a list of coded categories. You will enter the illness case fields in the data entry frame.

The **ORGANIZATION**, **CASE NUMBER**, and **ACCIDENT TYPE** fields display the case identification values you specified on the **CAIRS CASE INPUT** page.

The illness case information is divided into five sections: General Information (see page 23), Employee Information (see page 28), Injury/Illness (OSHA) Information (see page 31), Equipment/Hardware/Vehicle Involved (see page 35), and Narrative Guide (see page 37 and Figure 9, below).

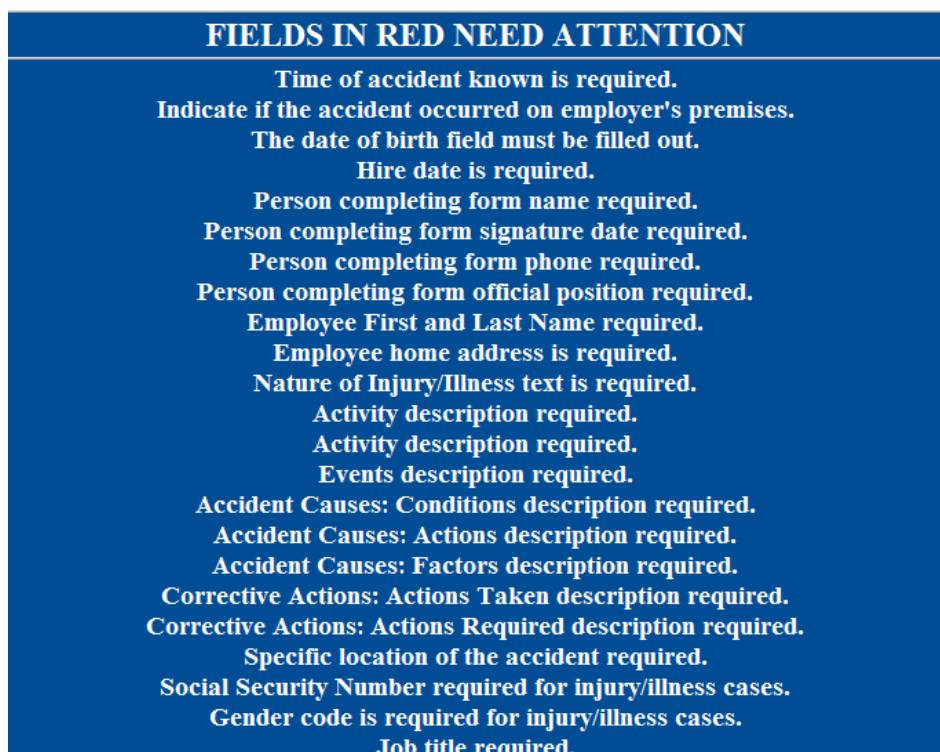
Narrative Guide	
DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE/OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.	
<u>Activity</u> <input type="text"/>	<u>Activity Code</u> <input type="text"/>
<u>Equipment/Materials/Chemicals</u> <input type="text"/>	
<u>Events</u> <input type="text"/>	<u>Loss Producing Event</u> <input type="text"/>
<u>Accident Causes</u> Cause directly related to: <input type="checkbox"/> DW - Weather <input type="checkbox"/> DD - Design/Material <input type="checkbox"/> DP - Procedure <input type="checkbox"/> DE - Employee <input type="checkbox"/> DO - Other Cause indirectly related to:	

**Figure 9. NEW ILLNESS CASE Page: Narrative Guide Section**

After you enter the complete case, you will process the record by clicking one of the buttons located at the bottom of the data entry frame. These buttons are explained on page 21.

## Command Button Descriptions

When you finish entering an accident case, click the **CHECK INPUT** button to begin system validation. If the case passes the system validation process, save it to the workspace. If no errors or omissions are identified at the top of the page, the case has passed the validation process. Figure 10 shows the validation errors that are listed on the top of the page if you click the CHECK INPUT command button on a record with incomplete required fields:



**Figure 10. Case with Validation Errors**

Click the **SAVE** button to save the case to the Workspace. If the case is incomplete, you can open and complete it from the Workspace. When it is complete, notify the correct approving authority from your organization that the report is available for review in the Workspace. Once the record is complete and has been approved for submission to the Production system, click the **SUBMIT TO PRODUCTION** button to move the report from the Workspace to the Production system.

**Table 4. Description of buttons on the NEW CASE or REVISE CASE pages**

Button Name	Description
<b>SAVE</b>	The <b>SAVE</b> button saves the report to the Workspace. To open this report for refinement, click the <b>REVISE WORKSPACE</b> button on the <b>INPUT CENTER</b> page and then click the hyperlink for the appropriate CaseID in the CAIRS CASES in the Workspace.



<b>CHECK INPUT</b>	The <b>CHECK INPUT</b> button begins system validation and lists any errors that are found. Scroll down the page to view the form and make corrections required to submit the report. Any error identified by the system must be corrected prior to submitting cases to Production.
<b>SUBMIT TO PRODUCTION</b>	The <b>SUBMIT TO PRODUCTION</b> button saves the completed and validated case to the Production space. This report can be retrieved for revision by clicking the <b>REVISE PRODUCTION RECORD</b> button on the <b>INPUT CENTER</b> page and then entering the appropriate CaseID, date, or employee name. This button only becomes active once you have successfully saved the record to the Workspace without errors.
<b>START OVER</b>	The <b>START OVER</b> command button returns you to the <b>CAIRS CASE INPUT</b> page, and you will lose the information you just entered.
<b>DELETE</b>	The <b>DELETE</b> command button allows you to delete the case from the Workspace without submitting it to production. This button becomes active after saving the case to the Workspace.

## Entering Data in Specific CAIRS Fields

### General Information Data Fields

**Table 5. Description of GENERAL INFORMATION fields**

Field Name	Description	What you do	Comments
<b>ORGANIZATION</b>	Reporting Organization. The organization is identified by a seven-character code.	No action is required on your part. The organization code specified on the previous page is displayed next to the field heading.	
<b>CASE NUMBER</b>	A unique case identifier.	No action is required on your part. The Case Number specified on the previous page will be displayed next to the field heading.	
<b>PROGRAM OFFICE</b>	The Program Office Name	Select the Program Office name from the dropdown menu.	

Field Name	Description	What you do	Comments
<b>MULTI-CASE NUMBER</b>	<p>Multiple case accidents/incidents are those that result in more than one recordable instance of injury, property damage, or vehicle damage, or combinations thereof. Each instance is reported separately, with the multiple case number serving as the link between the reports.</p> <p>This is a two-digit number.</p>	<p>Enter the number in the <b>MULTI-CASE NUMBER</b> edit box.</p> <p>There is no default for this field.</p> <p>This field <b>is required</b> for all multiple case events.</p>	<p>If the case involves two or more reporting organizations the <b>MULTI-ORG CASE?</b> field on the <b>CAIRS CASE INPUT</b> page will be marked <b>Yes</b> and you must specify a multiple case number that must be obtained from the CAIRS Data Coordinator.</p>
<b>ACCIDENT TYPE</b>	<p>The accident type field identifies the type of accident that occurred.</p>	<p>No action is required on your part. The accident type specified on the previous page is displayed next to the field heading.</p>	<p>You cannot change the accident type from here if you enter the wrong code.</p>
<b>INVESTIGATION TYPE</b>	<p>Investigation type is a coded field that identifies the investigation type that resulted from the accident.</p>	<p>Select the code from the <b>INVESTIGATION TYPE</b> selection box.</p> <p>The default for this field is <b>C</b>.</p> <p>This field <b>is required</b> for all reports.</p>	<p>See DOE Order 225 for information on how to classify these cases.</p>

Field Name	Description	What you do	Comments
<b>DEPARTMENT, DIVISION, OR ID CODE</b>	Department or Division is a narrative field that is defined by the reporting organization and can be used for identifying subgroups within an organization.	<p>Enter the department code into the <b>DEPARTMENT, DIVISION, OR ID CODE</b> edit box.</p> <p>There is no default for this field.</p> <p>This field <b>is required</b> for all reports.</p>	
<b>OCCURRENCE DATE</b>	Date of occurrence is an eight-digit field that indicates the date the accident occurred.	<p>Enter the date into the <b>OCCURRENCE DATE</b> edit box.</p> <p>The default in this field is the current date.</p> <p>This field <b>is required</b> for all reports.</p>	The format is YYYYMMDD. If the occurrence date is not known, the date of diagnosis or discovery may be entered.
<b>TIME OF ACCIDENT KNOWN</b>	A yes/no selection box indicating whether the time of the accident is known.	Select <b>Yes</b> or <b>No</b> to indicate whether the time of the accident is known. This field <b>is required</b> for all reports.	

Field Name	Description	What you do	Comments
<b>ACCIDENT TIME</b>	Time of occurrence. A two-digit field that indicates, in military time, the time the accident occurred.	<p>Select the time from the <b>ACCIDENT TIME</b> selection box.</p> <p>The current time is the default for this field.</p> <p>This field <b>is required</b> if you have answered <b>Yes</b> to <b>Accident Time is Known</b>.</p>	<p><b>EXAMPLE:</b></p> <p>If the accident occurred at 7:00 a.m., you would select 07; if the accident occurred at 7:00 p.m., you would select 19.</p>
<b>TIME EMPLOYEE BEGAN WORK</b>	This is a two-digit field that indicates, in military time, the time the employee began work.	<p>Select the time from the <b>TIME EMPLOYEE BEGAN WORK</b> selection box.</p> <p>This is a new database field.</p> <p>There is no default for this field.</p> <p>This field is not required.</p>	
<b>ACCIDENT OCCURRED</b>	This is a coded field and indicates where the accident occurred.	<p>Select the code from the <b>ACCIDENT OCCURRED</b> selection box.</p> <p>There is no default for this field.</p> <p>This field <b>is required</b> for all reports.</p>	
<b>ON EMPLOYER'S PREMISE</b>	This is a coded field and indicates whether or not the accident occurred on the employer's premises.	<p>Select the code from the <b>ON EMPLOYER'S PREMISE</b> selection box.</p> <p>There is no default for this field.</p> <p>This field <b>is required</b> for all reports.</p>	

Field Name	Description	What you do	Comments
<b>SPECIFIC LOCATION</b>	This field is a narrative field and contains the specific location of the accident.	Enter the location into the <b>SPECIFIC LOCATION</b> edit box.  There is no default for this field.  This field <b>is required</b> for all reports.	

## Employee Information Data Fields

Table 6. Description of EMPLOYEE INFORMATION or OPERATOR INFORMATION fields

Field Name	Description	What you do	Comments
<b>NAME (LAST, FIRST, MI)</b>	This is a narrative field and is the name of the injured/ill employee.	Enter the last name into the first <b>NAME</b> edit box, the first name into the second <b>NAME</b> edit box, and the middle initial into the third <b>NAME</b> edit box.  This field (last and first name only) <b>is required</b> for all injury/illness events. This field is not displayed for property or vehicle events.	
<b>HOME ADDRESS</b>	This is a narrative field and is the home address of the injured/ill employee.	Enter the address into the HOME ADDRESS edit box.  This field is not required. This field is not displayed for property or vehicle events.	
<b>S.S./I.D. NUMBER</b>	This is a narrative field and is the social security number or identification number of the injured/ill employee.	Enter the social security number or identification number into the <b>S.S./I.D. NUMBER</b> edit box.  This field <b>is required</b> for all injury/illness events. (It does not appear for property or vehicle events.)	When you enter the social security number or identification number, do not enter dashes.

Field Name	Description	What you do	Comments
<b>DATE OF BIRTH OR AGE</b>	<p>This field indicates the age of the employee involved in the accident.</p> <p>Date of birth is an eight-digit field that indicates the date of the employee's birth.</p> <p>Age is a two-digit field.</p>	<p>For date of birth, enter the date into the <b>DATE OF BIRTH</b> edit box.</p> <p>For age, enter the age into the <b>AGE</b> edit box.</p> <p>Either Date of Birth or Age field <b>is required</b> for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.</p>	<p>The format for Date of Birth is YYYYMMDD.</p>
<b>GENDER</b>	<p>Gender is a coded field and indicates the sex of the employee involved in the accident.</p>	<p>Select the code from the <b>GENDER</b> selection box.</p> <p>This field <b>is required</b> for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.</p>	
<b>JOB TITLE</b>	<p>This is a narrative field and contains the contractor-specific job title or occupation of the employee involved in the accident.</p>	<p>Enter the job title into the <b>JOB TITLE</b> edit box.</p> <p>This field <b>is required</b> for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.</p>	



Field Name	Description	What you do	Comments
<b>OCCUPATION</b>	This is a four-character coded field that identifies the generic occupation of the employee involved in the accident/incident.	<p>Select the four-character code from the Help frame. The code will automatically be entered into the <b>OCCUPATION</b> edit box.</p> <p>This field <b>is optional</b> for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.</p>	<p>Click the occupation hyperlink to view and select the permitted values in the Help frame.</p> <p>Follow the guidelines in Appendix A of this manual to select this code.</p>
<b>HIRE DATE OR LENGTH OF EMPLOYMENT</b>	<p>This field identifies the length of time the employee who was involved in the accident has been employed with this employer.</p> <p>Hire date is an eight-digit field that indicates the date of the employee's hire.</p> <p>Length of employment is a coded field. One of these fields must be completed.</p>	<p>For hire date, enter the date into the <b>HIRE DATE</b> edit box.</p> <p>For length of employment, select the code from the <b>LENGTH OF EMPLOYMENT</b> selection box.</p> <p>Entry into either the Hire Date or Length of Employment field <b>is required</b> for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.</p>	Hire date format is YYYYMMDD.
<b>EXPERIENCE ON JOB/EQUIPMENT</b>	This is a coded field that identifies the experience of the employee with the particular job or equipment that was involved in the accident.	<p>Select the code from the <b>EXPERIENCE ON JOB/EQUIPMENT</b> selection box.</p> <p>This field <b>is optional</b> for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.</p>	

## Injury/Illness (OSHA Information) Data Fields

Table 7. Description of fields

Field Name	Description	What you do	Comments
<b>OSHA CLASSIFICATION</b>	This field is a code that represents the type of injury or illness.	For injury cases, no action is required on your part; the injury code is displayed next to the field name.  For illness cases, select the correct illness code from the <b>OSHA CLASSIFICATION CODE</b> edit box.  This field <b>is required</b> for all injury/illness events.	
<b>DAYS AWAY FROM WORK</b>	Workdays lost is a numeric field that indicates the number of workdays lost due to the injury or illness.	Input the number of days into the <b>WORKDAYS LOST</b> edit box.  This field <b>is required</b> for all injury/illness events.	If the employee has not returned to work, it should contain an estimate of the expected days away from work. (If a number is not entered, the system enters zero.)
<b>DAYS OF RESTRICTED WORK ACTIVITY OR JOB TRANSFER</b>	Workdays restricted is a numeric field that indicated the number of workdays restricted (days during which the injured/ill employee could not perform their normal work function or was <u>temporarily</u> transferred) due to the injury or illness.	Input the number of days into the edit box.  This field <b>is required</b> for all injury/illness events.	If the employee is still on restricted status, it should contain an estimate of the restricted workdays. (If a number is not entered, the system enters zero.)

Field Name	Description	What you do	Comments
<b>DEATH?</b>	Death is a coded field that indicates whether the injured or ill employee died.	Select the code from the <b>DEATH</b> selection box. The default for this field is <b>No</b> .  This field <b>is required</b> for all injury/illness events.	
<b>DATE OF DEATH</b>	This is an eight-digit field that indicates the date of the injured or ill employee's death.	Enter the date into the <b>DATE</b> edit box. There is no default for this field.  This field <b>is required</b> if <b>DEATH</b> is marked <b>Yes</b> .	Date format is YYYYMMDD.
<b>TRANSFERRED?</b>	Transferred is a coded field that indicates if the injured or ill employee was <u>permanently</u> transferred to a different job because of disability related to the injury or illness.	Select the code from the <b>TRANSFERRED</b> selection box.  The default for this field is <b>No</b> .  This field <b>is required</b> for all injury/illness events.	
<b>TERMINATED?</b>	Terminated is a coded field that indicates if the injured or ill employee was terminated because of disability related to the injury or illness.	Select the code from the <b>TERMINATED</b> selection box.  The default for this field is <b>No</b> .  This field <b>is required</b> for all injury/illness events.	
<b>IS THIS CASE CLOSED?</b>	This field indicates whether the case is considered closed.	Select <b>Yes</b> or <b>No</b> from the drop down menu.  This field <b>is required</b> for all injury/illness events.	

Field Name	Description	What you do	Comments
<b>NATURE OF INJURY/ILLNESS</b>	This field identifies the principal physical characteristic of the injury or illness.	Enter the injury type code into the <b>NATURE OF INJURY</b> edit box.  This field <b>is required</b> for all injury/illness events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.  Follow the guidelines in Appendix C of this manual to select this code.
<b>BODY PART INJURED</b>	This field identifies the part of the body that was directly affected by the injury or illness.	Enter the body part code into the <b>BODY PART INJURED</b> edit box.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.  Follow the guidelines in Appendix B of this manual to select this code.
<b>NATURE OF INJURY</b>	This field identifies the category into which the injury has been classified, for example, "Fracture".	Enter the Nature of Injury code into the edit box.	If the code is not known, click the corresponding hyperlink to view and select the permitted values in the Help frame.  Follow the guidelines in Appendix B of this manual to select this code.
<b>NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL</b>	This is a narrative field and is the name and address of the health care provider.	Enter the name and address into the <b>NAME AND ADDRESS OF HEALTH CARE PROVIDER</b> edit box.  This field is not required.	

Field Name	Description	What you do	Comments
<b>IF TREATMENT WAS GIVEN AWAY FROM THE WORKSITE, WHERE WAS IT GIVEN?</b>	This is a narrative field and is the name and address of the treatment facility if treatment was given offsite.	Enter the name and address into the <b>IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL</b> edit box.  This field is only required if Yes is selected for Hospitalized Overnight.	
<b>HOSPITALIZED OVERNIGHT?</b>	Hospitalized overnight is a coded field that indicates if the employee was hospitalized beyond the day of the accident as a result of the injury/illness.	Select the code from the <b>HOSPITALIZED OVERNIGHT?</b> selection box.	
<b>WAS THE EMPLOYEE TREATED IN THE EMERGENCY ROOM</b>	This is a Yes/No field that indicates whether or not the employee was treated in an emergency room	Select <b>Yes</b> or <b>No</b> from the dropdown menu	

## Object or Substance Data Fields

Table 8. Description of EQUIPMENT/HARDWARE/VEHICLE INVOLVED fields

Field Name	Description	What you do	Comments
<p><b>SOURCE*</b></p> <p>*Primary Material Code appears for error message.</p>	<p>This field is a four-character coded field and identifies the object, substance, bodily motion, or exposure that produced or inflicted the injury/illness. This field is not displayed for vehicle or property events.</p>	<p>Enter a four-character source code into the <b>SOURCE</b> edit box.</p> <p>This field <b>is required</b> for all reports.</p>	<p>Click the corresponding hyperlink to view and select the permitted values in the Help frame.</p> <p>Follow the guidelines in Appendix D of this manual to select this code.</p>
<p><b>OTHER MATERIAL, SUBSTANCE, OR EQUIPMENT</b></p>	<p>This is a four-character coded field. For injury or illness events, this field identifies the object or substance that generated the source of injury or illness or that contributed to the event or exposure. For property damage and vehicle accident events, this field identifies the object or substance that primarily caused the accident.</p>	<p>Enter one to three four-character other material, substance, or equipment codes into the <b>OTHER MATERIAL, SUBSTANCE, OR EQUIPMENT</b> edit boxes.</p> <p>This field is not required.</p>	<p>Click the corresponding hyperlink to view and select the permitted values in the Help frame.</p>
<p><b>DID EQUIPMENT DESIGN OR DEFECT CONTRIBUTE TO ACCIDENT CAUSE OR SEVERITY?</b></p>	<p>Equipment design is a coded field and indicates if an equipment design or defect contributed to the accident cause or severity.</p>	<p>Select <b>Yes</b> or <b>No</b> from the selection box.</p> <p>This field is not required.</p>	

Field Name	Description	What you do	Comments
<b>PERSONAL PROTECTIVE EQUIPMENT USED</b>	Personal protective equipment used is a four-character field and identifies the personal protective equipment that was in use at the time of the injury or illness accident.	Enter one to three four-character PPE codes into the <b>PERSONAL PROTECTIVE EQUIPMENT USED</b> edit boxes.  This field is not required.	If the code is not known, click the corresponding hyperlink to view and select the permitted values in the Help frame.  Follow the guidelines in Appendix E of this manual to select this code.

## Narrative Guide Data Fields

**NOTE:** Do not include the name (or other personal identifier) of the employee/operator or witness in this section.

**Table 9. Description of NARRATIVE GUIDE fields**

Field Name	Description	What you do	Comments
<b>ACTIVITY</b>	Activity is a narrative field that describes the activity or assignment that was in progress at the time of the accident.	Enter the narrative text into the <b>ACTIVITY</b> edit box.  This field <b>is required</b> for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., employee was exiting the building.
<b>ACTIVITY CODE</b>	Activity code is a four-character field and identifies the primary activity that was in progress at the time that the accident.	Enter the four-character activity code into the <b>ACTIVITY CODE</b> edit box.  This field <b>is required</b> for all reports.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.  Follow the guidelines in Appendix F of this manual to select this code.
<b>OBJECT OR SUBSTANCE</b>	The <b>OBJECT OR SUBSTANCE</b> field is a narrative field that provides a description of the equipment item(s) involved in the injury or illness accident, including generic or brand name, model, and, as applicable, the identification number of the equipment, hardware, or vehicle involved.	Enter the object or substance narrative text into the edit box.  This field is not required. It is not displayed for property or vehicle events.	



Field Name	Description	What you do	Comments
<b>EVENTS</b>	Events is a narrative field and contains a sequential description of the events associated with an accident, beginning with the initiating event, followed by secondary events, and concluding with the extent of the injury/damage.	Enter the events narrative text into the <b>EVENTS</b> edit box.  This field <b>is required</b> for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., he slipped on the wet floor and broke his right toe.
<b>LOSS EVENT CODE</b>	Loss Event is a four-character code. For injury or illness events, this field describes the manner in which the injury or illness was produced or inflicted by the source of injury or illness. For vehicle accidents, this field identifies the event or exposure that primarily caused or contributed to the accident.	Enter the four-character event code into the <b>LOSS PRODUCING EVENT</b> edit box.  This field <b>is required</b> for all injury, illness, and vehicle accident events. This field is not displayed for property events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.  Follow the guidelines in Appendix G of this manual to select this code.
<b>ACCIDENT CAUSES - DIRECTLY RELATED TO</b>	This is a coded field and identifies the factor, condition, or action that was the primary cause of the accident.	Check the cause code from the <b>CAUSE DIRECTLY RELATED TO</b> selection area.  This field <b>is required</b> for all reports.	Only one direct cause can be selected.
<b>ACCIDENT CAUSES—INDIRECTLY RELATED TO</b>	This is a coded field and This field identifies the factors, conditions, or actions that were indirect contributors to the accident.	Check the cause code(s) from the <b>CAUSE INDIRECTLY RELATED TO</b> selection area.  This field is not required.	Multiple indirect causes can be selected.

Field Name	Description	What you do	Comments
<b>ACCIDENT CAUSES— CONDITIONS</b>	This is a narrative field that contains the conditions that existed at the time of the accident (the specific control factors that were or may have been the direct or immediate cause or causes of the accident).	Enter the narrative text into the <b>CONDITIONS</b> edit box.  This field <b>is required</b> for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., coworker had not disconnected power.
<b>ACCIDENT CAUSES— ACTIONS</b>	This is a narrative field that contains the actions on the part of the employee that contributed to the occurrence of the accident/incident.	Enter the narrative text into the <b>ACTIONS</b> edit box.  This field <b>is required</b> for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., employee tripped on step.
<b>ACCIDENT CAUSES— FACTORS</b>	This is a narrative field that contains the influencing factors or underlying causes (conditions or actions or both) that contributed to the accident/incident.	Enter the factors narrative text into the <b>FACTORS</b> edit box.  This field <b>is required</b> for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., coworker had spilled water on floor.

Field Name	Description	What you do	Comments
<b>CORRECTIVE ACTIONS— ACTIONS TAKEN</b>	This is a narrative field that describes the actions taken to prevent recurrence of accident/incident.	<p>Enter the actions taken narrative text into the <b>ACTIONS TAKEN</b> edit box.</p> <p>If the risk is acceptable, corrective action may not be necessary (e.g., the narrative field is blank). In this case, enter the word <b>None</b> into the <b>ACTIONS TAKEN</b> edit box.</p> <p>This field <b>is required</b> for all reports.</p>	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., coworker assisted employee to chair.
<b>CORRECTIVE ACTIONS— ACTIONS RECOMMENDED</b>	This is a narrative field that describes the corrective actions planned by line management that require time for implementation.	<p>Enter the actions recommended narrative text into the <b>ACTIONS RECOMMENDED</b> edit box.</p> <p>If the risk is acceptable, corrective action may not be necessary. In this case, enter the word <b>None</b> into the <b>ACTIONS RECOMMENDED</b> edit box.</p> <p>This field <b>is required</b> for all reports.</p>	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., supervisor will provide training.
<b>CORRECTIVE ACTIONS— TO BE COMPLETED BY (YYMMDD)</b>	This is an eight-digit field that indicates the date by which the planned corrective actions must be complete.	<p>Enter the date into the <b>TO BE COMPLETED BY</b> edit box.</p> <p>This is not a required field.</p>	The format for date is YYYYMMDD.

Field Name	Description	What you do	Comments
<b>PERSON COMPLETING FORM</b> -- <i>These narrative fields contain information about the person who is completing the form, usually the accident investigator who can be contacted for follow-up.</i>			
<b>NAME</b>	This is name of the person who is completing the form, usually the accident investigator who can be contacted for follow-up.	Enter the name of the investigator into the <b>ACCIDENT INVESTIGATOR</b> edit box.  This field <b>is required</b> for all injury/illness events.	
<b>SIGNATURE DATE (YYMMDD)</b>	This is an eight-digit field that indicates the date of signature of the person who completed the form.	Enter the date into the <b>SIGNATURE DATE</b> edit box.  This field <b>is required</b> for all injury/illness events.	The format for date is YYYYMMDD.
<b>TELEPHONE</b>	This is a 12-character field that contains the telephone number of the person completing the form.	Enter the phone number into the <b>INVESTIGATOR TELEPHONE</b> edit box.  This field <b>is required</b> for all injury/illness events.	A suggested format for phone number is NNN-NNN-NNNN.
<b>OFFICIAL POSITION</b>	This field contains the job title of the person completing the form.	Select the radio button that best describes the job title. If <b>Other</b> is selected, enter the job title in the <b>OTHER</b> edit box.  This field <b>is required</b> for all injury/illness events.	

<b>Field Name</b>	<b>Description</b>	<b>What you do</b>	<b>Comments</b>
<b>SUPERVISOR RESPONSIBLE FOR CORRECTIVE ACTION</b>	This is a narrative field that contains the name of the cognizant supervisor who, by his signature, concurs in and assures corrective action implementation.	Enter the name of the supervisor into the <b>SUPERVISOR RESPONSIBLE FOR CORRECTIVE ACTION</b> edit box.  This is not a required field.	
<b>SUPERVISOR SIGNATURE DATE</b>	This is an eight-digit field that indicates the date of signature of the supervisor responsible for corrective action.	Enter the date into the <b>SIGNATURE DATE</b> edit box.  This is not a required field.	The format for date is YYYYMMDD.
<b>SUPERVISOR TELEPHONE</b>	This is a 12-character field that contains the telephone number of the supervisor.	Enter the phone number into the <b>SUPERVISOR TELEPHONE</b> edit box.  This is not a required field.	A suggested format for phone number is NNN-NNN-NNNN.
<b>ACCIDENT INVESTIGATION CONTACT (IF DIFFERENT FROM PERSON WHO COMPLETED THE FORM)</b>	This is a narrative field that contains the name of the investigation contact if different from the person who completed the form..	Enter the name of the investigation contact into the <b>INVESTIGATION CONTACT</b> edit box.  This is not a required field.	
<b>INVESTIGATION CONTACT TELEPHONE</b>	This is a 12-character field that contains the telephone number of the investigation contact.	Enter the phone number into the <b>TELEPHONE</b> edit box.  This is not a required field.	A suggested format for phone number is NNN-NNN-NNNN.

## Updating/Revising Case Information

### Revising a Case in the Workspace

When you first enter a case, it must be saved to the Workspace using the Submit to Workspace button. If the case is incomplete, it will be stored there until you are ready to complete the data entry (Figure 11).

CAIRS Cases in Workspace												
To edit case: click on caseid below												
Recordable Cases												
Organization	CaseID	Coding	Send to Production?	Accident Type	Accident Date	WDL	WDLR	DLOSS	OLOSS	Add Date	Mod Date	Input UserID
1504001	<a href="#">200200</a>	No	No	Injury/Illness	2004-07-20	0	0	0	0	20040720	20040720	MUTRENE
1504001	<a href="#">8181106</a>	No	No	Injury/Illness	2004-08-18	0	0	0	0	20040818	20040818	TESTBOX3
1504001	<a href="#">999090</a>	No	No	Injury/Illness	2004-09-27	0	0	0	0	20040927	20040927	TESTBOX3
1504001	<a href="#">9998</a>	Yes	No	Injury/Illness	2004-07-07	0	0	0	0	20040727	20040924	TESTBOX3
1504001	<a href="#">9999</a>	Yes	No	Injury/Illness	2004-07-20	5	5	0	0	20040727	20040727	FMGR
1504001	<a href="#">9999xxx</a>	No	No	Injury/Illness	2007-02-12	0	0	0	0	20070212	20070212	ROUSSOS
1504001	<a href="#">ds4df</a>	No	No	Injury/Illness	2004-09-09	0	0	0	0	20040909	20040909	TESTBOX2
1504001	<a href="#">ermot</a>	No	No	Injury/Illness	2004-08-31	0	0	0	0	20040831	20040831	TESTBOX3
1504001	<a href="#">fni34f</a>	No	No	Injury/Illness	2004-08-13	0	0	0	0	20040813	20040818	TESTBOX3
1504001	<a href="#">qqqww</a>	No	No	Injury/Illness	2004-08-30	0	0	0	0	20040830	20040830	TESTBOX2
1504001	<a href="#">RESET</a>			Injury/Illness	2002-01-11	0	0	0	0	20020530	20040924	TESTBOX3
1504001	<a href="#">sasa</a>	No	No	Injury/Illness	2004-08-30	0	0	0	0	20040830	20040830	TESTBOX2
1504001	<a href="#">start01</a>	No	No	Injury/Illness	2004-08-18	0	0	0	0	20040818	20040818	TESTBOX2
1504001	<a href="#">startOV</a>	No	No	Injury/Illness	2004-08-18	0	0	0	0	20040818	20040818	TESTBOX2
1504001	<a href="#">test818</a>	No	No	Injury/Illness	2004-08-18	0	0	0	0	20040818	20040818	TESTBOX3
1504001	<a href="#">test830</a>	No	No	Injury/Illness	2002-08-30	0	0	0	0	20040830	20040830	TESTBOX2
1504001	<a href="#">test97p</a>	No	No	Injury/Illness	2004-09-07	0	0	0	0	20040907	20040907	TESTBOX3
1504001	<a href="#">testbo2</a>	No	No	Injury/Illness	2004-08-18	0	0	0	0	20040818	20040818	TESTBOX2
1504001	<a href="#">testing</a>	No	No	Injury/Illness	2004-08-31	0	0	0	0	20040831	20040831	TESTBOX3
1504001	<a href="#">testlat</a>	No	No	Injury/Illness	2004-09-07	0	0	0	0	20040907	20040907	TESTBOX3
1504001	<a href="#">testno</a>	No	No	Injury/Illness	2004-08-31	0	0	0	0	20040831	20040831	TESTBOX3
1504001	<a href="#">testnoo</a>	No	No	Injury/Illness	2004-08-31	0	0	0	0	20040831	20040831	TESTBOX3
1504001	<a href="#">x04202</a>	No	No	Injury/Illness	2004-09-20	0	0	0	0	20040920	20040921	TESTBOX3

Figure 11. Workspace

#### To update or revise a case in the Workspace:

1. In the Input Center, click the **REVISE WORKSPACE** button.
  2. In the Workspace page (shown above), click the desired CaseID. The case will open in the same page as when you input the case.
  3. Enter your revisions.
  4. Click the **SUBMIT TO WORKSPACE** button to return the case to the Workspace.
- or
- Click the **CHECK INPUT** button to verify that all required fields have been completed. If correct, the **SUBMIT TO PRODUCTION** button will then become active. Then you can click the **SUBMIT TO PRODUCTION** button to save the case to the Production environment.

### Revising a Case in Production

Even though a case is in Production, you can make changes or updates to the case if necessary (Figure 12).

CAIRS Case Revision		
Find Cases		
Organization: <input type="text"/>	<input type="text"/>	Input UserID: roussos
Accident Year: 2007 <input type="text"/>	Accident Month: <input type="text"/>	Accident Time: <input type="text"/> (nearest hour Military Time)
Accident Type: <input type="text"/>	<input type="text"/>	<input type="text"/>
Add Date (YYYYMMDD) <input type="text"/>	Modification Date (YYYYMMDD) <input type="text"/>	CASEID: <input type="text"/>
<input type="button" value="Next Page"/>		

**Figure 12. Find Cases in Production**

**To revise a case in Production:**

1. In the Input Center, click the **REVISE PRODUCTION RECORD** button.
2. In the CAIRS Case Revision page (shown above), specify the information about the case. **Hint:** The more specific information you can specify, the better the chance that CAIRS will isolate that record.
3. Click the **NEXT PAGE** button.
4. In the CAIRS Cases in Production page (Figure 13), a list of case(s) that match your criteria will display. If you are not sure which is the correct case, click each CaseID to open and view the case information.

CAIRS Cases in Production										
To edit case: click on caseid below										
Recordable Cases										
Organization	CaseID	Accident Type	Accident Date/Time (24H Clock)	VDL	WDLR	DLOSS	OLOSS	Add Date	Mod Date	Input UserID
1504001	<a href="#">8181106</a>	Injury/Illness	2004-08-18	0	0	0	20040818	20040818	TESTBOX3	TESTBOX3
1504001	<a href="#">999090</a>	Injury/Illness	2004-09-27	0	0	0	20040927	20040927	TESTBOX3	TESTBOX3
1504001	<a href="#">9998</a>	Injury/Illness	2004-07-07	0	0	0	20040727	20040924	TESTBOX3	TESTBOX3
1504001	<a href="#">9999</a>	Injury/Illness	2004-07-20	5	0	0	20040727	20040727	FMGR	FMGR
1504001	<a href="#">9999xxx</a>	Injury/Illness	2007-02-12	0	0	0	20070212	20070212	ROUSSOS	ROUSSOS
1504001	<a href="#">ds4df</a>	Injury/Illness	2004-09-09	0	0	0	20040909	20040909	TESTBOX2	TESTBOX2
1504001	<a href="#">emot</a>	Injury/Illness	2004-08-31	0	0	0	20040831	20040831	TESTBOX3	TESTBOX3
1504001	<a href="#">f1345</a>	Injury/Illness	2004-08-13	0	0	0	20040813	20040818	TESTBOX3	TESTBOX3

**Figure 13. List Cases in Production**

5. In the **CAIRS Cases in Production** page, enter/revise the **WDL**, **WDLR**, **DLOSS**, and **OLOSS** as necessary and click the **SUBMIT CHANGES** button when done. Then, click CaseID to open a case and select Update Production Record.
6. To make other revisions, click the CaseID. The case will open in the same page as when you input the case.
7. Enter your revisions.
8. Click the **UPDATE PRODUCTION RECORD** button.



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## Entering/Updating Workhours

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Workhours are measurements of time for which DOE and DOE contractor organizations are at risk of occupational injury or illness. Required by DOE Order 231.1 and using Form 5484.4, the data are collected quarterly and are used as the divisor in calculating incident, severity, and loss rates for a each specific organization and are summarized or rolled up to successive levels for DOE complex-wide performance evaluations.

To avoid early miscalculation of rates, the workhours are not entered into the database until all accident cases have been successfully entered for the respective organizations for any given quarter. Workhours are recorded in hours, and are rounded to the nearest whole number. Some organization codes represent a grouping of subcontractors. Where this exists, the person responsible for entering their data should assure that all of the group's workhours have been combined for this field prior to input.

## Entering Workhours Data

Workhours data input and update is limited to designated representatives. Figure 14 shows the Administer Exposure Data page.

### To enter Workhours data into CAIRS:

1. From the Input Center menu, select **ENTER/UPDATE WORKHOURS**.
2. The organization code for which you have jurisdiction will appear in the **ORGANIZATION CODE** field. Highlight the organization code for which you wish to administer Workhours.

Figure 14. Administer Workhours

3. Select the desired Year and Quarter. Click the **Next Screen** button.
4. **SHOW DATA FROM PREVIOUS QUARTER** will display the prior data for comparison.
5. Click the **NEXT SCREEN** button. The following screen will be displayed:

Workhours										
For Organization(s) 1504509 and year 2004 and quarter 1										
NOTE: Workhours do not appear in any reports until all new and revised accident reports have been entered for the period, AND you have selected 'YES' in the Quarterly Report Complete column.										
If the 'Quarterly Report Complete' column says yes after you have clicked 'Submit Changes' you may return to the input screen <a href="#">here</a> .										
Organization	Year-Qt	Quarterly Report Complete	Workhours	PSO	%	PSO	%	PSO	%	UserId
1504509	2004-1	<input checked="" type="radio"/> Yes <input type="radio"/> No	119379		0		0		0	hamam

Figure 15. Enter/Edit Exposure Data

5. Input Workhours information as requested (Figure 15):
  - In the **WORKHOURS** field on the line corresponding with the respective organization code, year, and quarter, input workhours to the nearest whole number. **Hint:** You may use the tab key to move between fields.
  - If available, enter the Program Support Office (PSO) code in the **PSO** field and the percent of the hours that are dedicated to work for that PSO (you may enter up to three separate PSO designations).
6. After entry in complete click the **SUBMIT CHANGES** button.
7. If the correct number of hours have been entered and all new and revised recordable cases have been submitted to the production system, click the “YES” button in

- column three (“Quarterly Report Complete”).
8. Complete the submission of workhours by clicking the “Submit Changes” button at the bottom of the page.

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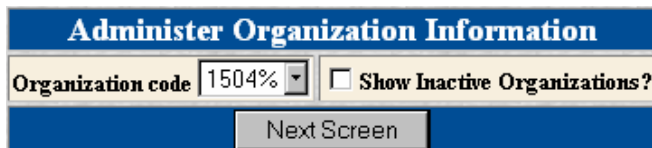
## Updating Organization Information

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You can view and correct, as needed, address and phone number information for your organization. Other changes to organization codes and the name of the organization will require approval and concurrence by the HS and the Field Organization representative.

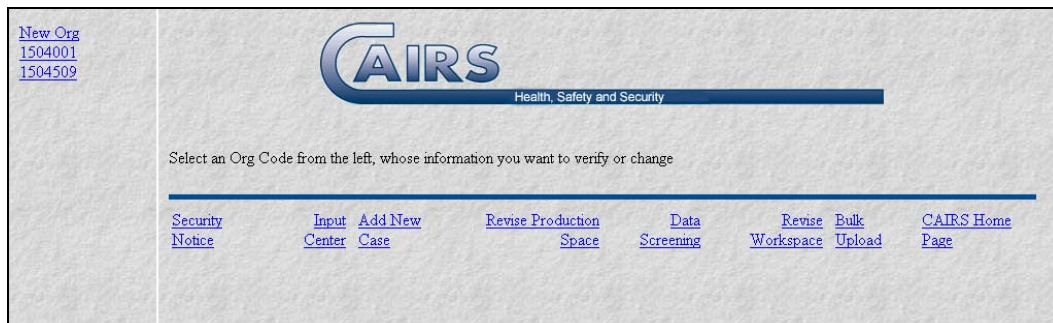
### To update organization information:

1. From the Input Center menu, select **UPDATE ORGANIZATION INFORMATION**. The **ADMINISTER ORGANIZATION INFORMATION** screen will be displayed as shown in Figure 16:



**Figure 16: Administer Organization Information**

2. Select an organization code from the dropdown menu. If you wish to show inactive as well as active organizations, click the **SHOW INACTIVE ORGANIZATIONS?** checkbox.
3. Click the **NEXT SCREEN** command button. The Organization Information Update screen will be displayed, as shown in Figure 17:



**Figure 17. Organization Information Update**

4. Click one of the organization codes on the left side of the screen. The **ORGANIZATION INFORMATION UPDATE** screen will be displayed as shown on the following page:

<a href="#">New Org</a> <a href="#">1504001</a> <a href="#">1504509</a>	<b>Organization Information Update</b>	
	Organization Code:	1504001
	Organization Name:	DOE Headquarters
	Organization Name (Short):	DOE Headquarters
	Operations Office:	HDQ
	Facility Code:	HDQ
	Facility Name:	
	Program Office Code:	XX
	PSO:	XX
	Program Office Name:	Other Headquarters Level Organization
	Street Address:	<input type="text"/>
	P.O. Box:	<input type="text"/>
	City:	Washington
	State Code:	DC
	Zip Code:	20545
	Country:	USA
	Telephone:	(202) 252-5614
	Site Code:	NA
	Site Name:	NA
	NNSA:	No
Active:	Yes	
<input type="button" value="Update"/>		

**Figure 18: Organization Information Update Screen**

5. Click the **UPDATE** button at the bottom of the page.

# **Appendices A-H: Rules and Codes for Coding Fields**

*Note:* Appendices should be downloaded as separate document  
(appendices.doc or appendices.pdf)